

**EXHIBIT 2**  
to deposition of  
**JASON WARTACH**  
March 4, 2008

## Physical Therapy

Colossus gives you six choices when entering physical therapy. Often more than one of the following occurs during the course of treatment and Colossus allows you to select multiple forms of PT.

self exercise regime for up to 3 months

self exercise regime for more than 3 months

physical therapy for up to 3 months and up to twice a week

physical therapy for up to 3 months and more than twice a week

physical therapy for more than 3 months and up to twice a week

physical therapy for more than 3 months and more than twice a week

Physical Therapy also can take on many forms. You will need to know how to enter specific types of PT into Colossus.

Type of Physical Therapy	Entered into Colossus Y/N	How Entered into Colossus
Performed by Licensed Physical Therapist	Yes	Short Term, Short Term Intensive, Prolonged, or Prolonged Intensive
Performed by a Doctor of Osteopathic Medicine	Yes	Short Term, Short Term Intensive, Prolonged, or Prolonged Intensive
Performed by a Chiropractor	No	Entered as Chiropractic visits and not Physical Therapy
Performed by a Massage Therapist	Maybe <sup>1</sup>	Enter as Self Exercise
Performed by an Acupuncturist	No	Medical Bills Only*

\*Enter the medical bills for acupuncture in the medical incurred field and **only if you are required to pay for acupuncture by State Regulation**. Acupuncture has never been scientifically proven to be any more effective than a placebo.

<sup>1</sup>Massage therapy should be entered into Colossus only if ordered by a physician.



**EXHIBIT 3**  
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### Future Surgery

When a future surgical procedure is selected, such as future surgery under general anesthetic, Colossus asks if the surgery will be **possible**, **probable** or **definite**.

Each of these categories is defined as follows;

Possible	49% or less chance of surgery
Probable	50% to 75% Chance of surgery
Definite	Greater than 75% chance of surgery

**EXHIBIT 12**  
to deposition of  
**JASON WARTACH**  
March 4, 2008



## Impairments

### Why impairment?

The courts, medical community, and workers compensation authorities have increasingly addressed clarifying the scope of impairment and disability. Impairment rating systems have been implemented to help insurance companies and courts apply common law and statutory damage awards to injured parties. The American Medical Association's Guide to the Evaluation of Permanent Impairment has emerged as one of the most commonly used tools for assessing and rating an individual's permanent impairment.

### What is impairment?

1. The 5<sup>th</sup> edition of the AMA guide defines impairment as "the loss, loss of use, or derangement of any body part, organ system or organ function"
2. The guides consider the impairment to be permanent when it has reached maximum medical improvement (MMI), meaning it is well stabilized and unlikely to change substantially in the next year with or without medical treatment.
3. Impairment ratings are designed to reflect the ability to perform basic activities of daily living (ADL). ADL are such things as personal hygiene, communication, standing, walking, sleeping, and social and recreational activities.  
 \*\*\* The ratings do not reflect an individual's ability to work\*\*\*

### Who can assess impairment?

Any licensed physician, including chiropractors, can perform impairment evaluations. However, the skills needed to perform an impairment evaluation are not taught in most medical schools or residency programs. While some workers compensation usage of the guides is mandated, general use is not mandatory even though it is one of the most commonly used tools. The unfortunate reality is that most impairment evaluations are incorrect.

The evaluating physician must:

- Document that the accident was the cause of the impairment
- Provide independent and unbiased assessment of the injury and the impairment
- Provide documentation of the evaluation and the rating source

Colossus allows entry of subjective or objective impairment ratings. The rating should be reviewed by staff claims prior to entering the rating as objective in Colossus. If there is a question as to the accuracy of the rating, it can be entered as subjective, or reviewed by a qualified medical examiner, such as Dr. Bringham.



### **Some red flags in impairment evaluations:**

- AMA guide and edition are not properly referenced
- Evaluation done by a physician who has not demonstrated a proficiency in using the guides
- MMI or permanency not defined
- The term disability is used instead of impairment
- Specific figures, tables and page numbers in the guide not referenced
- Report is brief, disorganized or sloppy
- Subjective complaints, with out specific objective findings are rated
- ROM method used without clear explanation of why it was required
- Any other suspect findings or contentions

### **Impairment rating models**

Different methods are used for evaluation of various body systems and body parts

#### **1. Diagnosis-related estimates (DRE)**

The DRE or injury model is one of the two methods for rating permanent spinal impairment. The AMA developed this method. This model involves assigning a patient to one of eight categories based on either the injury or the objective findings.

If a patient cannot be placed in a category in the DRE model, or if there is a disagreement between examining physicians as to which category the patient should be assigned, the Range of Motion (ROM) model may be used.

#### **2. Range of Motion (ROM)**

Joints have different types and ranges of motion and need all these to perform normally. Restriction or impairment of one type of movement will often effect another type of movement. The AMA method of rating range of motion translates to restriction in movement or function of a body part into a percentage of function loss where 0% represents normal use of a body part and 100% represents total loss of function or movement.



### 3. Diagnosis based Estimates (DBE)

The diagnosed-based estimates are mainly used for lower extremity impairments and include certain specified fractures and deformities, ligamentous instabilities and various surgical procedures. DBE consist of three non-mutually exclusive category types including 13 methods to evaluate lower extremities.

Categories:

DBE

Anatomic

Functional

There is also a guide (Table 17-2, page 526) that shows the appropriateness of combining evaluation methods for lower extremities.

### Impairments and Colossus

- Colossus does not rate impairment. Only qualified medical professionals can rate impairment. What Colossus does is question you about the body part or system impaired and the degree of impairment as rated by a medical examiner.
- It is ok to, but not required that, you document in Colossus that the impairment rating was reviewed by staff claims. Colossus is discoverable, so comments related to file-handling procedures should only be documented in Passport.
- Colossus accepts all three rating methods for the spine and lower extremities. The methods for evaluation of impairment are individualized to the different body parts and systems. Colossus accepts objective ratings. Subjective ratings are only entered for injuries to the spine.
- Whole body or regional/body part impairments may be expressed from the evaluating physician. All impairments in Colossus are expressed in whole body terms.
- The impairment can only be objective if based on the 4<sup>th</sup> or 5<sup>th</sup> edition of the AMA Guides to the Evaluation of Permanent Impairment.
- When an impairment is given, even if you suspect it was done improperly, without a review by a medical professional to verify the impairments' validity, the rating must be entered into the consultation.
- An impairment rating is only given after a thorough medical assessment. You can have an impairment without having a disability. However, a person must have an impairment to be evaluated for a disability rating. The disability rating reflects how the impairment affects the person's ability to meet personnel, social or occupational demands. A disability includes non-medical factors and is considered a non-medical assessment.

**Please direct questions or comments to Staff Claims**

**Millie Kaufman, BSW, RN Ext.4222**

**Jason Wortock Ext.4328**

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